The Hampden Hippocrat

APRIL, 1974

HDMS ANNUAL MEETING ISSUE

Committee Reports

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VOL. XXX, NO. 4 APRIL 1974

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The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

Communications pertaining to editorial content should be addressed to the Editor-in-Chief, 24 Salem Road, Longmeadow, Mass. 01106.

Business communications should be addressed to the Business Manager, 91 School Street, Springfield, Mass. 01105.

Communications pertaining to advertising should be addressed to Mrs. Arthur Willard, 62 Irvington Street, Springfield, Mass. 01108; telephone: 733-5336.

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EDITORIAL

Is One Year Enough? A Rhetorical Question?

This issue of your *Hampden Hippocrat* is focused on the transactions and the results of one year, at a local level, of the work and workings of organized medicine. The reports (or lack thereof) of the various committees detail some of the year's action. Committee work, though time consuming and tedious, fleshes out the skeleton of action carried out by the Executive Committee in its monthly third Tuesday night meetings. The day to day problems and functions are collated and dispersed by the Executive Secretary and her staff. It was a plus year under Dr. Setrag Zacarian's leadership.

The membership should be very thankful for Mrs. Vivian Purdy's devotion and dedication to our Society. Mrs. Alicia Willard and Miss Joyce Whiting are also to be praised. These three are the first to get the hot potatoe from whatever source. Viv's experience and manner have allowed her to properly handle or channel the heat to the right person or place. Because your elected officers are only part time and usually not in offlce for any length of time, continuity of thought and action is provided by Viv et al.

The subject of this editorial "Is One Year Enough? A Rhetorical Question?" is meant to arouse the readers' interest and hopefully stimulate comment and feedback over problems arising from the twelve month tenure of office of the president and his administration. Would twenty four months be to the Society's advantage? The development of a meaningful program of action by the elected and nominated physicians is exceedingly difficult to accomplish within the allotted period. Even with the past president and the president-elect sitting in the Executive Committee, the current president has little time to create and carry out lengthy programs for the membership. After he learns the ropes and the limits of his power and prerogatives, he must place most of his emphasis in keeping the momentum up of the every day problems and seeing that immediate and pressing problems are placed in the proper channels. His policy goals must often be short ranged and must not conflict with those of the AMA or MMS. He must take into consideration what was done by his predecessor and what may be initiated by the president-elect. The pace set by the ten monthly Executive meetings limits the times in which he can officially interact with his administration. The short span of effectiveness inhibits and may deny his full scope of power. The race has been run just after it starts.

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Another problem facing the president is that of choosing committee chairman. He does have some idea of the input from the men chosen by his predecessors and may be able to utilize the talents of those who worked. He must ever balance hospital affiliations against past and/or expected performance. He must try to find the right man for the right job and if there are no volunteers for a position then he must cajole or pressure his friends. Unless the chairman is really dedicated, he also finds it difficult to round out his committee persons. Some committees require little effort, others only convene in time of need, others unless given a specific charge by the president are paper committees and accomplish nothing. It is near midterm for the president, before he can determine if his selections were wise and effectual or poor and disastrous. Should the president give all chairpersons a specific charge which reflects the president's policy goals? Or should he let the chairperson develop the charge and direction of the committee? Inaction by all often is the easiest route for all, with the result little new is accomplished except the passage of time. Perhaps a Long Range Planning Committee in which the chairperson has a 3 year tenure may help with programs which carry over several administrations. Each president could add to the committee's charges as he saw fit. Longer terms of appointment might encourage chairpersons to be more effective with their charges.

The policy of the HDMS of renominating the Treasurer and the Secretaries is good; for at least those who remain in the organization for a period of time can provide some continuity to the Society's actions. But these officers should not provide the president with policy goals—that is the president's prerogative. These officers must also provide the president with support and offer counsel from their collective experience. They are there to assist him, not carry him.

From the vantage point of the Secretary and the brief arguments given above, it would appear that the customary twelve months of office for the president is not long enough. It is suggested that the HDMS and even the MMS consider a change in bylaws, wherein a president and president-elect are elected for a two year term. This should give both persons the time necessary to learn the ropes, propose meaningful policy goals (which may take 2 to 4 years to achieve) and truly provide effective leadership because they are on top of both the rapid and slowly moving problems. The past presidents have done an excellent job in *steering* the HDMS through rough waters; but another year at the helm would allow future presidents not only to *steer* our course but to *plot* it as well.

W. E. Stevens, M. D.

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Your President's Page

Reflections of the Past Year

Our very existence is evolved within the labyrinth of perpetual motion. There is that beginning wherein we make our entrance and perform our role upon the stage of life. The curtain inevitably must drop, for both the scene and act will change and new faces and themes will merge to perform. Looking back upon the past year, as your President, allow me the expression to assess the "state of the union," of our Hampden District Medical Society. I am reminded of one of the great poets of our time, Khalil Gibran, who said, "You have been told that even like a chain, you are as weak as your weakest link. This is but half the truth, you are also as strong as your strongest link." If I have accomplished any positive stature during my tenure, it has been in part the imagination and support of my Executive Committee and the various chairmen and their respective members along with the counselors of our district. For the most expressive tonal qualities and exquisite performance of a symphonic composition, the conductor is totally dependent upon the participation and total commitment of each and every instrumentalist to achieve the finest nuances in each measure and every movement. I appreciate their effort and the concert mistress, Vivian Purdy, whose constant help has been invaluable in keeping the tempo of each measured week during my stewardship.

As with any symphonic piece, there are certain movements which highlight the total composition and lends beauty to the entire musical expression. By selecting certain chords, I do not wish to detract the various notes of every measure which embodies the entire theme, played by so many during this past year.

We have made much progress during this year moving ever closer in the establishment of a Medical-Legal Arbitration Board, wherein a physician, lawyer and plaintiff can settle their grievances within the framework of this board and perhaps avoid the long and lingering litigations in court, to settle a malpractice suit. I owe much to Doctor Eugene Boss, Jr., for his efforts and the many hours he has spent with Attorney Donald Beaudry to bring this issue into fruition.

The ever rising epidemic proportion of venereal disease in our times has moved your Society to take an active part in the teaching, within the school systems of Hampden District, the cause and prevention of this crippling scourge. Dr. James Fitzpatrick has shouldered this responsibility and working with his committee and Monte Flagg, Supervisor of Health Services of the Springfield School System, has marshalled over fifty physicians from our district, to help teach and assist in this program. Your Society has purchased two films and is on loan to the school systems for their use. I want to express my thanks to each and every participant of this program.

We often stress the importance of continued medical education for the physicians and forget how important it is to keep our community informed regarding the structure and function of our society and the important advances in the delivery of medical care within our own county. During the past year, the public media, television, radio, the press and the Chamber of Commerce have been most cooperative and diligent in working with us and keeping our citizenry cognizant of both local and national medical developments.

There are so many in this media who have done much, a list too long to write but allow me to name a few who reflect the caliber of all: Kitty Broman, Keith Silver, Edward Sullivan, William Bates, Durham Caldwell, Arthur H. Zalkan, Ann Harrington, Jack Caldwell, Bud Clain and Bob Donohue. My sincere efforts to establish a bridge of communication between the physician and his community has been established. I thank each and everyone and hope that this overture will continue throughout the years ahead.

Your Mediation Committee and Medical Charges and Peer Review Committees under the able leadership of Doctors John Turner and Bruce Stoler, respectively, have worked incessant hours, each month, throughout the year to review the integrity of our profession and at the same time remain sensitive to the complaints of our patients who write to the society headquarters, to resolve their differences and seek for an objective and fair evaluation of their complaints. Their task is burdensome, but their rewards are equally bounteous; for their decisions are made in the best interest of the doctor-patient relationship. I extend my gratitude for their long hours of work.

I wish to single out Doctor Walton Stevens, my secretary, who at all hours, allowed me to exchange ideas and direction of leadership, my sounding board, if you will. His sensitivity and dedication to medicine far exceeds his stature. Lastly I have been most impressed with Doctor Robert LaMarche, the President of our Foundation, his tenacity and untiring hours through the year has led this movement to fruition.

As I leave the Captain's quarters and the stewardship of this Society, into the safe and capable hands of Dr. Bernard Bloom, I know that he will sail forward, beyond our accomplishments and discover new harbors and islands to explore and navigate.

As physicians we face many trying times ahead. The sea upon which we sail is not void of storms and must remain vigil to the undertow, the ever present ritual of the daily ebb and flow of its tides. As I see our course ahead there are two main directions, first, to maintain and improve upon our present system of delivery of health; and second, not to allow the ever powerful force of government intervention, sever the solemn and sacred relationship of doctor and patient. I for one, as many of you, have serious reservations of the State and Federal regulations and infringement upon the practice of medicine. Our number is merely 350,000 in a population of over 200 million, and I am disturbed that a democracy as ours, which for centuries has espoused the respect of the minority, is now pressing the will of the majority upon us. To our dismay we are finding that legislators across our land have cloaked themselves with the art of medicine and have become the expertise of medical delivery.

There is no perfect system and I am willing to accept a certain degree of regimentation and have long believed in the principles of peer review but when

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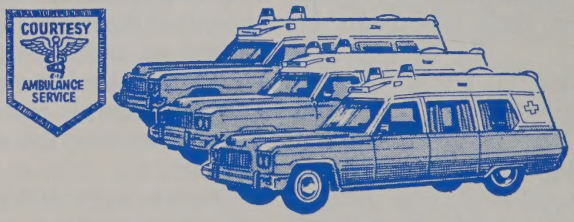
laws and federal regulations jeopardize and deteriorate the delivery of competent health and demoralize the physician and patient relationship; it is unconscionable. By default, we have become the unheard minority; it has been our undoing—but it need not remain this way. Let us stand and be counted. It is not enough to work in our offices and hospitals; we must add to our responsibilities, the political arena, not alone for our just cause but even more for our patients to whom our dedication is always directed.

One final concern which again and again came to the forefront during my presidency, is the conduct of a few physicians both in our community and across our land who by their very incompetence and material greed bring shame and dishonor to our noble profession. It takes but one of us to hurt and discredit all of us. It is up to us to reach out and discipline this very small group of practitioners. Your executive committee has been very sensitive and deeply dedicated to this cause. Last month, I had referred a patient to one of my colleagues for treatment. Upon his return to my office for follow-up, when questioned, my patient said "that doctor I went to is one of the finest human beings I have ever met." There are many such physicians throughout our community and across our land, thank God!

I bid you farewell and as I remain amongst your midst, I will forever cherish the fond memory that you had selected me as your leader and faithfully discharged my duties, building upon the fine edifice of our district society. As I step down, may I leave in your thoughts the very tender lines of Longfellow, a daily prayer befitting each physician; "Happy is the man who leaves the earth better than we found it."

S. A. Zacarian, M. D.

COURTESY



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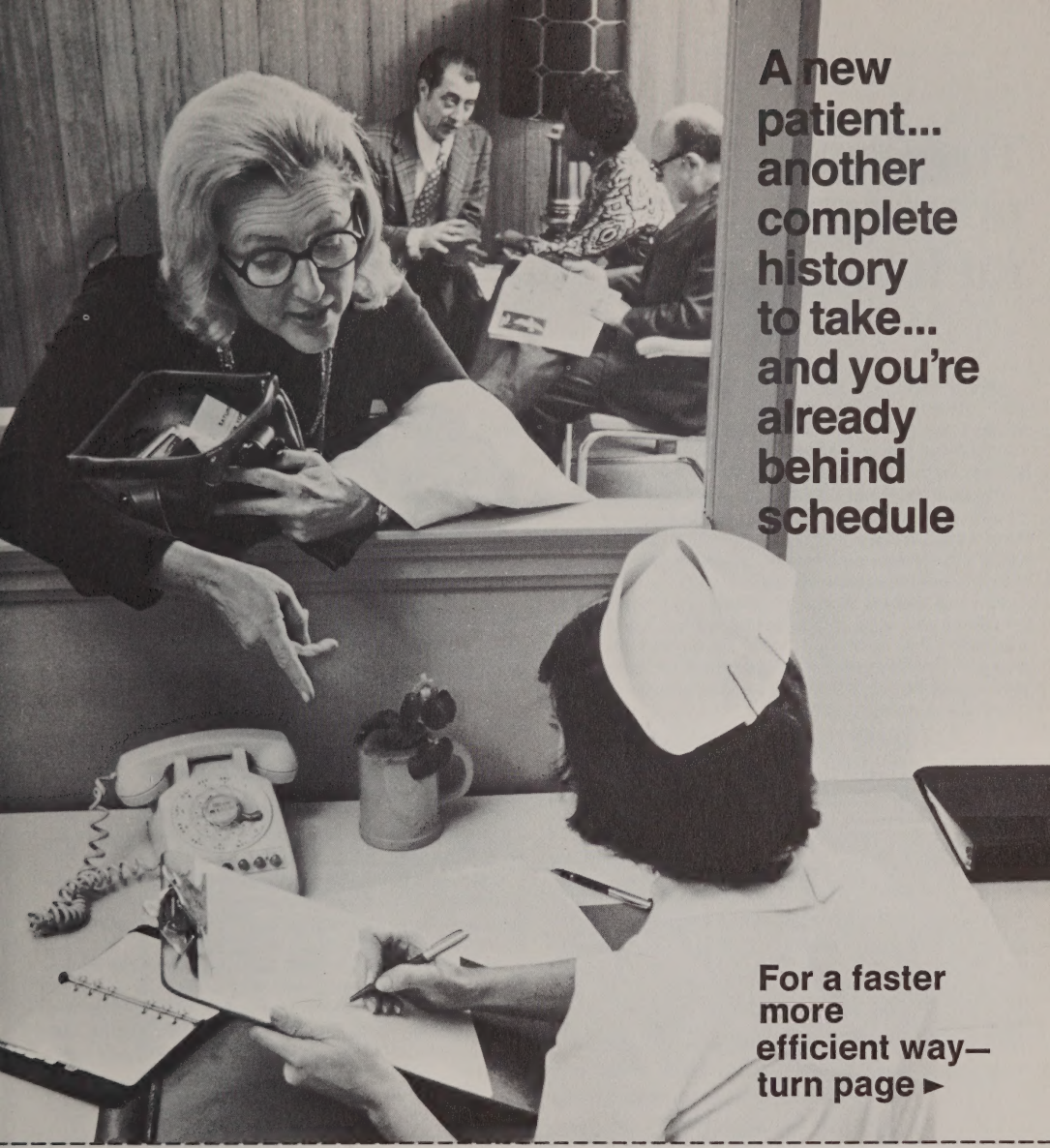
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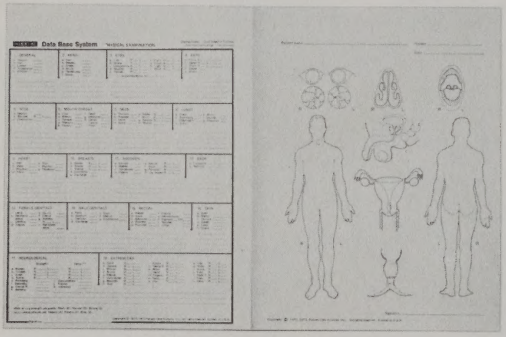

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Manufacturers Hanover	–20.2	+25.1	+22.8	+7.0
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of the

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Walton E. Stevens, M.D., Secretary, HDMS

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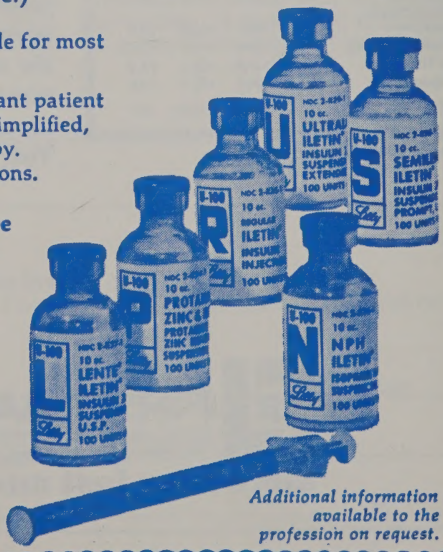

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HDMS Committees Annual Reports 1973-1974 The Secretary

The Hampden District Medical Society has had a good and productive year. It has grown by twenty-eight members, including two transfers in, who have distributed themselves well throughout the District as generalists and specialists. It has lost eight by death and four by transfer out. The membership count as of April 15, 1974 is five hundred forty-six.

The Councilors have been actively faithful and have conducted our business commendably in the Massachusetts Medical Society's Council. They had the honor of hosting the October 1973 Council meeting and can be proud of its accomplishments. The Eastern brethren, perhaps, realized that medicine is practiced and organized medicine does exist West of Route 128.

The Society had the select honor of having one of its members chosen as President-Elect to the Massachusetts Medical Society. Further proof of our visibility and viability. Dr. John C. Ayres has proven himself adept and able to rapidly sift chaff from grain and distill a potent but palatable brew. He deserves and will need your continuing support.

The Grievance Committee has had a change in name to Mediation Committee and a new position in the Society's structure; it is headed by a universally respected physician. The Foundation is viable and is of sufficient strength to assume leadership of region one.

The thrust from the "consumers" did not prove to be as great as expected. Their local arm, the Western Massachusetts Health Planning Council has pursued numerous tasks but unfortunately still has little direct or formal input to or from our Society.

Perhaps the prime issue this year has been the same as last year for both this Society and that of our mother society; the regulation of the practice of medicine and surgery by the Department of Public Health. The Proposed Rules and Regulations for Cancer Management, which is now back in committee, is but one of the social plans from the new generation of planners.

Problems and questions relating to ethics and conduct have been the most exasperating. They were often precipitated by persons or institutions, who and which are beyond the jurisdiction of the Hampden District. Both the Executive and Elected secretaries have had to cautiously attempt to repair the damage. When in doubt, please, refer to the "Code of Ethics." The May issue of *The Hampden Hippocrat* will carry two pertinent portions thereof.

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The Proposed Arbitration Plan initiated by Drs. Boss and Zacarian is the most significant new issue for the Society. If approved by you and our legal colleagues, it will do much to make medicine easier to practice and perhaps, hold some of its costs down.

Although the attendance at the District meetings has been better than that of many other district societies, it only averaged about one fifth of the membership. As busy as a physician is, those socioeconomic issues discussed and voted in the meetings and the Council could all stand a wider, larger audience and input. The level of speakers, often nationally known men, allowed for an excellent forum for new ideas or for their refutation. The officers of the Society only hear those who speak or read what has been written. The silent majority should give its guidance on major issues. The opportunity exists in our Society because it is open and sensitive to the membership—no cliques.

The Secretary wishes to thank the membership, the elected officers and the salaried staff for a satisfying year of sitting at the Society's pulse and for the cooperation of all. It has been a single, pleasurable honor to be your Secretary and I wish the new Secretary and his fellow officers well.

Walton E. Stevens, M.D.

Blue Shield District Professional Service Committee

The Blue Shield District Professional Service Committee met at the regular intervals throughout the year to discuss specific questions presented to them by the members of the Executive Committee.

None of these were of unusual interest or serious matter.

Joseph R. Kelly, M.D.
Chairman

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Disaster Medical Care Committee

During the past year, the Disaster Medical Care Committee brought together the many agencies involved in disaster planning for Springfield and the surrounding county for the purpose of coordinating activities.

We are presently in the process of a survey as to which hospital our members would be put in case of disaster. This survey and assignment will help us to best mobilize our manpower in case of a disaster.

A most recent development is the assignment by Federal Director of the Plan B agency in this area, Western Massachusetts Health Planning Council, to be the coordinating agency for all Emergency Medical Services including disaster. With the approval of the Executive Committee, the chairman of this committee will become a member of the Steering Committee of the Emergency Medical Services Committee and this committee will no longer have to serve as a coordinating body for the other agencies.

Frederick C. Schwendenmann, M.D.
Chairman

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Members' Insurance Committee

The accident and health insurance programs of the Hampden District Medical Society continue to function well. This program is administered by the Lester L. Burdick, Inc. At the present time, there are a total of four hundred twenty-eight policies in force. During the past year, there were thirty-nine claims and payments were made in the amount of $69,159.76. Nine of these claims were either insureds or dependents under the Major Medical Expense Policies. Of these claims that were paid during 1973, five were still open and accruing benefits at the end of the year. Four of these claims are serious loss situations and have resulted in benefits of $100,020.00 as of December 31, 1973. The claims for illness consisted of seven claims for cardiovascular disease, four claims each for gastrointestinal and respiratory disease, three claims for genito-urinary diseases and five hernias with seven miscellaneous claims for a total of thirty. The accidents consisted of seven fractures or dislocations, one strain or sprain and one concussion for a total of nine accidents or a grand total of thirty-nine claims.

Meanwhile, the group business overhead insurance policy also administered by the Lester L. Burdick, Inc. continues to function well. We are one of the few districts in the Massachusetts Medical Society which has a major medical expense insurance program and this also functions well.

Many inquiries have been received by your committee in regard to malpractice insurance. Such a group policy is available to our membership but is sponsored on a state level rather than the district level. Members interested in this policy should write to Boit, Dalton and Church, Inc., 89 Broad Street, Boston, Massachusetts 02110.

H. Bernard Tillman, M.D.
Chairman

Mediation Committee

At monthly meetings, a total of forty four complaints were considered, including the meeting of February 28, 1974.

The cooperation of physicians in responding to complaints and providing detailed information is gratefully acknowledged.

Discussion within the Committee led to the consensus that this committee deal only with complaints from patients pertaining to physicians' services. It is felt that the meetings be scheduled monthly in the future to insure a continual flow of early response to complaints received. Another consensus arrived at is that matters pertaining to complaints of physicians against physicians be considered by a local ethics and discipline committee which hopefully could meet at less frequent intervals and resolve such problems or refer them to the Executive Committee of the Hampden District Medical Society. One member who accepted appointment to the Committee did not attend a single meeting.

John W. Turner, M.D.
Chairman

Malpractice and Medico-Legal Committee

The main acticity of the Committee for the year was to establish a Medico-Legal Panel to arbitrate Mal-practice claims.

The meeting of the Committee was first held and then a meeting with the medical committee and the Medico-Legal Committee of the Hampden Bar Association with its Chairman, Attorney Donald Beaudry.

Arrangements were made to reprint an article discussing arbitration in medical legal disputes in *The Hampden Hippocrat.*

A proposed plan for establishing an Arbitration Panel to hear mal-practice disputes in Hampden County has been outlined and presented to the Executive Committee of the Hampden District Medical Society.

The same proposal will be reprinted in *The Hampden Hippocrat* and presented to the Executive Committee of the Hampden County Bar Association.

Mr. Beaudry and Doctor Boss will address a meeting of Western Massachusetts Insurance Adjusters to outline the proposal to them.

The proposal will be presented to the Hampden District Medical Society at its annual meeting with a request that the principle be endorsed.

Eugene G. Boss, Jr., M.D.
Chairman

Medical Charges and Peer Review Regular and Reserve Committees

The Committee met ten times during the year and considered sixty cases—one referred by a physician, seven referred by patients and fifty-two referred by the five major health insurance companies of the area.

Of the eight cases submitted by physicians or patients for the Committee's opinion, a compromise settlement was suggested in four cases and a decision for the physician in two cases. One case was withdrawn before the Committee could meet and one case was referred to the Medical Charges Review Committee of the Massachusetts Medical Society.

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Of the fifty-four cases referred by the insurance companies to determine a fair charge, in nine cases (17%) the fair charge determined was the same as that charged by the physician; in five cases (9%) the physician and the insurance company agreed on a fair charge after the case was referred to the Committee but before the Committee could meet. Two cases are undecided at this writing. In the remaining cases the Committee determined a fair charge for the procedure(s) performed, as requested: the fair charge so determined averaged $444.00 per case.

The Chairman is grateful for the dedicated service of the regular committee members, for the advice and support of the reserve committee members throughout the year and for the clerical assistance of our excellent secretarial staff at the District headquarters.

Bruce B. Stoler, M.D.
Chairman

Public Health Committee

The Public Health Committee has endeavored during the past year to develop an educational program for the public school systems.

The VD educational material has been updated to assist the frequent requests for speakers at various school, church and related gatherings.

We hope to, in the coming years, further develop the above program.

James G. Fitzpatrick, M.D.
Chairman

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Mental Health Committee

During the calendar years 1973-1974 the Mental Health Committee had one meeting, at which time it's members unanimously endorsed the actions of the Springfield Mental Committee in it's efforts to convince the state legislature to bring the Community Mental Health Center into existence. There being no further pressing mental health problems brought to the attention of the Committee, no further meetings were held.

Stanley D. Rapinchuk, M.D.
Chairman

Public Relations Committee

The Public Relations Committee has met several times at the district and state levels. Discussions have been foremost on the role of the physician in the delivery of health care. Insofar as this committee is concerned, several steps have been recommended as to how a physician can best perform as a public relations man himself. It is the consensus of opinion that the physician start at his office or place of work, be it in a clinic or hospital. A study is being made at random selection of district societies as to the availability of the physician when the need for his services arises. As you know, the general complaint of the public is in this regard. In the near future the Massachusetts Medical Society will make available these studies and will make recommendations. The Harcomm Associates were again selected for another year to work for the Massachusetts Medical Society in the field of public relations.

At the district level, we were able to accomplish good relations and cooperation with the press and television media in bringing to the public medical education. We would all like to express our thanks to the members of the Society who have been instrumental in giving their most precious time to these endeavors. The Committee likewise would ask other members to be more active in public relations.

This year the Society has chosen to grant awards to individuals of the press and television who have done their best to promote the good image of the medical profession in general.

The Public Relations Committee would strongly recommend at this time to fellow members of the Society that press and television releases be restricted to good reporting of true medical facts, and not create sensationalism or commercialism in their eagerness. A lot of criticism and complaints have been directed to the Society. A plea has been made by this committee to the different hospitals of the District. Hopefully, this will correct a lot of misunderstanding.

Augusto G. Asinas, M.D.
Chairman

Scholarship Committee

The Scholarship Committee distributed funds to worthy applicants during the past year. Contributions from Hampden District Medical Society members brought in more money than the interest on the money earned from the polio drive of a few years ago and therefore, more scholarships were given. Of the five hundred plus members of Hampden District, sixty-two members chose not to contribute to this fund. Thus an amount, by simple arithmetic, of three hundred ten dollars was not appreciated. This could have been used by some deserving student. The scholarship contribution assessment will be included in your dues bills in May. Please, contribute this small amount for this worthwhile cause.

From the interest:

$1,000.00 to two medical students
$ 100.00 to a nursing student
$ 125.00 to a pharmaceutical student

From the scholarship contribution:

$800.00 to three medical students
$350.00 to two nurses

Bernard Bloom, M.D.
Chairman

Woman's Auxiliary

Chalk up another busy year for the ladies. Ever-conscious of the need for good medical care, the auxilians have worked in that direction.

Their first meeting took place in the fall and it was opened to school departments and health departments throughout the area—a departure from their past social luncheons. Dr. Setrag Zacarian addressed the well attended audience and was followed by Mr. Monte Flagg, Supervisor of Health Instruction, Springfield School System. Dr. Zacarian showed a film on V.D. that was proposed for the Springfield schools. A very active and informative question and answer period followed the film.

A series of lectures and seminars on the Entire Life Cycle—Responsibility and Social Action was presented at Springfield College from October 26 through November 16.

The series was offered to the general public as well as to health departments and school personnel. The sponsorship was shared by our Auxiliary and the Woman's Auxiliary to the Massachusetts Medical Society and Springfield College.

The topics discussed and lecturers were as follows:

Procreative Responsibility, John Zadworny, M.D.

The First Three Years of Life, Grace Craig, PH.D., Univ. of Mass.

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Developing Awareness Ages 3-12, John Cox, Springfield College.

Growth tasks in Adolescence, Warren Schumacher, Univ. of Mass.

Adulthood Years, Robert D. Harrington, M.D., Director of Hampden District Mental Health Clinic.

Development, Sequences on The Aging and Aged, Martin A. Berezin, Harvard Medical School.

Panel: Responsibilities and Social Action, John Deady, Supt. of Schools, Spfld., Louis Izenstein, M.D., William Putnam, Pres. WWLP—Ch. 22, Iris Holland; Rep. Gen. Court Mass., John Ayres, M.D., Moderator: Jack C. Harris, PH.D. Spfld., College

Health Education: A part of the Curriculum, Arnold Levine, Supt. Health Ed.

The social season was kicked off at the 21st annual White Cap Ball on November 3rd and a good time was had by all. It was a financial success and $2,-800.00 was contributed to the Scholarship Fund. The need for more scholarship money is urgent. The auxilians receive more applications for financial help every year.

A Holiday Tea was held at the home of Mrs. Frank Sterba, on December 4th. The new and prospective members received a warm welcome.

In January, the Auxiliary held a midwinter conference—a "Legislation Symposium" at Bay State West Hotel. To mention a few important names and topics of discussion—Mrs. Furlong, Eastern Regional Chairman of legislation for the Woman's Auxiliary spoke of legislation regarding delivery and quality of health care. To promote effective health care programs the auxiliary sponsors national and statewide nutrition programs. Also speaking at the symposium were Dr. Bentley Colcock, President of the Massachusetts Medical Society and Dr. John Ayres. Both took a stand against federal health care regulations, saying new proposals need diligent watching by members of the medical profession. Dr. Colcock did, however, support the federally mandated P.S.R.O. Dr. James Allan, Chairman of BAYPAC, a political action group of physicians and wives, urged a more active role in public affairs. Mr. John Noonan, Legislative Representative for the Massachusetts Medical Society brought the audience up to date on health care legislation. Altogether, it was a worthwhile "Happening."

February saw the auxilians busy organizing a Valentine Party for the residents of Springfield Municipal Hospital. The Musical program featured the Wilbraham Woman's Club Choral Group.

The season will close at the Longmeadow Country Club on April 30. After the annual report by the President, new officers will be installed by Mrs. Richard LaVigne, State President.

J. Richard Chabot, M.D.
Chairman

Legislative Committee

Legislation affecting medical practice for the past year has been plentiful and sometimes oppressive on both the state and national level.

We possibly should start this report by thanking our Hampden legislators in the Massachusetts General Court for helping us on bills which we supported such as the Ambulance Bill and rejecting such bad legislation as the Human Services Reorganization Bill (H6120). We cannot, however, thank Massachusetts General Court nor condone such bills as the unwarranted limitation of psychotrophic drug therapy for school children during school hours, or allowing appointments to the Public Health system, who have no accountability to the people of Massachusetts and ruin the spirit or intent of passed legislation, through promulgation of rules and regulations.

The coming year will be another difficult legislative year for the Massachusetts' physician and his patients. Each year the Legislature passes laws limiting the freedom of physician to practice good medicine, and the patient, the freedom of selecting the physician of his choice. The Human Services Reorganization Bill is again rearing its ugly head, and many parts of it would be intolerable in any free society. This type of legislation must be fought against by all legal means. Threatened legal action stopped the implementation of the Rules and Regulation for Cancer Management in Hospital and Clinics. The Wisconsin Medical Society is now in their State Supreme Court fighting the rules and regulations for their certificate of need law, which is similar to ours. Your State Legislative Committee voted, at the February 27, 1974 meeting, to ask the court to give a restraining order against the implementing of the rules and regulations on limiting the prescribing of psychotrophic drugs to school children. These are just a few examples to show that as we seem to be pushed more and more to the wall, our legal backbone seems to be strengthening a little. The interest shown by Hampden District Medical Society in our own Foundation and in BAYPAC can only help our voice when we speak to our legislators.

Remember your political power depends on your patient who is also the electorate. Each patient who walks in your office, votes to have you take care of him in his time of need and does so each time he returns. This same voter only has a chance to vote for his State Representative every two years, or his State Senator every four years, but the political appointee never. That little fact is possibly the reason that the physician always ends up on the top of the list when polls are taken on who is the most respected and you will notice the politician is considerably a bit lower. It is quite natural and often unintentional that the legislator will sometime limit your services or offer them free or at a lesser than fair price by legislation, so that the electorate may transfer that esteem to him and something for nothing is still everyone's dream.

Unfortunately your chairman, was not able to receive the 1974 Legislative Bills till last week because of a late legislative start and the problem in getting them printed. Much time was spent on them by the State Committee, and recommendations were made on the many bills before us. Your Hampden District Medical Society Legislative Committee will meet on these bills shortly and we will then start letting our legislators know our feelings.

Maurice J. Boivin, M.D.
Chairman

Bylaws Committee

The By-Laws Committee had little to do in 1973-1974 other than to help draw up the guidelines for the Peer Review Committee with the aid of Chairman Bruce B. Stoler. The proposed new by-law which includes making this a Standing Committee has yet to come before the Society for consideration.

Harry N. Memery, M.D.
Chairman

The Executive Committee has voted to make the Medical Charges and Peer Review Committee a standing committee structured after the State Committee.

The purpose of this committee is to assure quality medical care by members of the District to their patients, and to judge necessity and cost to such care when requested by third-parties, patients or other physicians.

The Council of the Massachusetts Medical Society has delineated and approved specific functions that this committee is empowered with and legal council has declared that District members of the Medical Charges and Peer Review Committee are protected in their performance of these functions within the professional immunity statute, General Laws, Chapter 231, Section 85 N.

The By-Laws Committee has incorporated the duties of this committee,

verbatim, from the resolution passed by the Council of the Massachusetts Medical Society on May 23, 1973 and recommends approval of this by-law.

Chapter VII—Committees

Section 19: Medical Charges and Peer Review Committee.

This committee shall consist of a Regular Committee and a Reserve Subcommittee.

1. Regular Committee:

(a) This committee shall consist of a Chairman, the Assistant-Secretary of the District Society who will be Secretary of the committee ex-officio, one member with utilization review experience from the staff of each hospital in the District if available, one member representative of physicians not affiliated with any hospital, if available, the chairmen of the Public Health, Mental Health and Public Relations Committee, ex-officio, and such other members as the President may appoint.

All members will be appointed annually by the Chairman subject to approval by the President.

Two representatives of the Massachusetts Health Insurance Council shall be invited to attend meetings but shall have no vote.

(b) Six members shall constitute a quorum.

(c) It shall meet monthly except during July and August, or on call of the Chairman.

(d) This committee shall be empowered:

(1) to review quality of care, utilization of services, utilization of facilities, and reasonableness of physician charges.

(2) to develop standards of care, utilization, and physician charges.

(3) to advise and inform members of the District, committees of the District, and the public on matters relating to peer review.

(4) to conduct peer review of individual cases brought before it under such rules as the committee may establish and to report its findings and conclusions on such cases to all interested parties, including insurance companies, non-profit hospital service corporations, medical service corporations, and government agencies.

(e) This committee shall attempt to settle disagreements under appropriate committee rules at the District level. Where settlement cannot be reached, the matter may be referred to the appropriate committee of the Massachusetts Medical Society.

2. Reserve Subcommittee:

This subcommittee shall be composed of multiple recognized specialists from all sections of the District, appointed by the President.

(a) The Chairman of the Regular Committee shall be the chairman of the subcommittee.

(b) It shall meet only on call of the chairman.

(c) The members will function as individuals in an advisory capacity to the Regular Committee and as subcommittees of appeal in matters of fee dispute, on request of the chairman, under rules established by the Regular Committee.

This by-law is to be voted at the next duly called meetings of the Hampden District Medical Society.

Harry N. Memery, M. D.
Chairman

Ernest A. Byron, Jr.

SPRINGFIELD

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

✱**Indications:** Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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Board of Editors "The Hampden Hippocrat"

Within the past twelve months your *Hampden Hippocrat,* as the official bulletin of the Hampden District Medical Society, has chosen a new Board of Editors and struck out in new directions while trying to maintain continuity with the past 28 volumes. In reviewing the year's work, the new Editor-in-Chief acknowledges that often the Society's business has not been presented adequately and sufficiently. With only 20% of the membership attending the District meetings, the absentee physicians need accurate reporting of the business conducted. This will be corrected in the future issues.

The *Highlites of the Executive Committee* presents a dilemma! This more intimate part of the Society's affairs is duly recorded in the minutes, which are open to the membership's perusal at the Society's office. Personalities and issues are discussed and decisions reached which require varying degrees of confidentiality. The dilemma arises over the manner in which to report an item on the agenda. Should it just be—"A letter was received, discussed and appropriate action taken?" Should it be—"Dr. Blank sent a nasty letter accusing Dr. Blankety Blank of unethical conduct and requesting censure; The Executive Committee actively argued the merits and/or lack thereof and instructed the Secretary to write a letter of condemnation?" Or should a neutral middle ground be chosen? Often this approach is not satisfactory because nothing substantial has been said and vagaries tell no meaningful story. Perhaps with the coming separation of Secretary and Editor-in-Chief a better, less biased perspective will be possible and a less insipid feature will result.

The feature *Letters to the Editors* continues to provide some membership input. With the membership approaching five hundred fifty and with the diversity of physician opinion that exists, this sounding board could and should be better utilized and become more vital. The crucial issue of National Health Insurance must be debated before it is law. We do not want another "fait accompli" such as PSRO or Medicare! Now is the time to jockey for a favorable position.

Of the various trial features started and of those to be started, *The Poet's Corner* has been the most popular. To be initiated is a series on *Persons in the Society,* to be written by the physician's spouse or a close friend. The nonmedical side of the *Person-of-the-Month* will be stressed.

There is a need for a Roster of Physicians of the HDMS. Both the new members and those established would benefit from the knowledge contained therein, i.e. location of practice, type of practice, hospital(s) affiliation and office hours. Cross reference as to specialty would furnish a physician with a list of colleagues able to assist with a specific problem and the need to refer a patient outside the district decreased.

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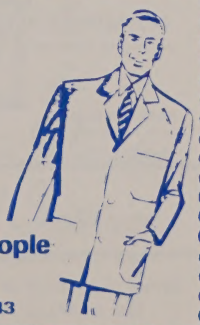

A decision as to whether a roster should be developed by *The Hampden Hippocrat* or by a special HDMS committee needs to be made by the membership.

The editorial feedback while feeding, has been a satisfying experience, all the way around. Every two months a "Dutch Treat" dinner is held in a restaurant which advertises in *The Hampden Hippocrat*. Self-criticism and a review of past issues helps to keep the entire Editorial Board on its toes. Written or verbal comment from the readers is also introduced and discussed.

The need to expand the numbers of and amount of advertising remains crucial. Without such financial support, the reserves will quickly be drained and the bulletin will cease to be. A word to the advertisers goes a long way to keep them interested, so please mention the ad and *The Hampden Hippocrat!*

We wish to thank warmly all who contributed to *The Hampden Hippocrat* over the past year. Please continue!

The Editorial Board has been grateful that it could serve the Hampden District Medical Society for the past year and solicits the comment of the membership.

Walton E. Stevens, M.D.
Editor-in-Chief

Medico-Religious Committee

The Medico-Religious Committee met in November, 1973, to discuss the subject of active participation of physicians in terminating the lives of defective infants. This subject has been widely publicized on the front pages of many newspapers including our local newspapers and it appeared a suitable topic for discussion. At the meeting Drs. Bernstein, Whiting and Hoffman as well as the Revs. Zeckhausen and DeLong, and Rabbi Weisfogel met to discuss this problem. A very spirited discourse on this most important subject occurred with all the diverse points of view being expressed. No consensus on this could be obtained other than the unanimous opinion that no stand should be taken on this matter of an official position at this time.

Theodore E. Hoffman, M.D.
Chairman

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Executive Committee Meeting Hampden District Medical Society

The Executive Committee convened at 7:15 P.M. on Tuesday, March 19, 1974 in the Society Conference Room.

Present at the meeting were Drs. Zacarian, Burke, Asinas, Stevens, Kraus, Bloom, Kelley, Moore, Sheehan and Mrs. Purdy. Absent were Drs. Cummings, Janovsky, Goldberg and Dr. LaMarche.

The minutes of the January meeting were read and approved by the Committee. There was no quorum at the February meeting and no official business could be transacted. No minutes were kept.

Correspondence

1. Two letters from the Western Mass. Hospital were considered. They dealt with a request to approve a rehabilitation center and an alcoholic detoxification center. The committee discussed these new programs and voted to approve them. Letters will be written to Dr. Stevens and Dr. Klautly.

2. Dr. Griffin wrote to the Hampden District Medical Society about new welfare regulations. The committee agreed with Dr. Griffin. A copy of the letter will ben sent to Dr. Louis Alfano in Boston with a letter of inquiry for guidance and assistance.

3. Dr. Earle Chapman, Chairman of the Committee on Medical Education with the Massachusetts Medical Society wrote asking if he or a member of his committee could attend a Hampden district meeting to explain the Massachusetts Medical Society's plans for its process of accreditation of educational programs. Since the Hampden District Medical Society has only four district meetings per year, it would be inconvenient to meet his request. It may be considered for a program for next year or the Executive Committee may listen to his presentation.

4. A letter from Mr. Geikie of the Department of Public Welfare, Inflicted Injury Unit, was read. It dealt with child abuse and child neglect and the Hampden District Medical Society participation. The committee voted to refer this to Dr. Janovsky.

5. An ophthalmologist sent a copy of a notice given to him by a patient. The local welfare department had referred this patient to the physician without his knowledge or previous approval.

A letter will be sent to the welfare asking how they determine referrals. It will also suggest that all referring must be done through the Hampden District Medical Society office or by another physician.

6. A letter from MEDSERCO, Inc. was read. The Executive Committee will request more details.

7. The Western Massachusetts Health Planning Council, Inc., has asked for any opinion regarding a new nursing home which may be built in East Longmeadow. Drs. Medrek and Quinn will be contacted.

8. Mr. Alan Hale, Executive Director of the Springfield BiCentennial Committee wrote asking if the Hampden District Medical Society would consider a Health Fair in 1976 to celebrate the nation's BiCentennial. The committee voted in the affirmative and suggested that Dr. H. Simpson be asked to head up the task force, as he had been assigned a similar position last year on the state level.

Old Business

1. Mrs. Purdy gave a report of the Data Bank Task Force meeting held at the Western Massachusetts Health Planning Council, Inc. She has assured the task force that the medical society will cooperate with their symposium to be held in May.

2. Dr. Mosig's resolution as presented at the District Meeting in February was considered. The committee voted to have Mr. Speers of the Massachusetts Medical Society review this and render any opinions as to further necessary action.

3. A physician's change in office location card was sent to the Executive Committee by a Public Health School Nurse. The manner of presentation was considered as advertising. The committee felt very strongly that this physician should be brought before the committee to explain his actions. Therefore, he will be invited to attend its meeting in April.

4. The AMA sent in a complete membership kit for use by the Hampden District Medical Society. This includes labels and the committee gave approval for Dr. Bloom, chairman, to send such letters out and try to improve membership. An incentive program is being used and for every new member, the Hampden District Medical Society receives one half of the first year dues paid to the AMA.

5. A letter from Dr. Paul Friedmann was again read. This letter had been turned over by the Executive Committee to the Mediation Committee. Dr. J. W. Turner answered by suggesting that the Massachusetts Hospital Association review its publicity guide and further suggested that perhaps the Western Massachusetts Health Planning Council might be willing to cooperate in an effort to minimize controversial public press releases.

6. A letter from Dr. Omar T. Pace, President of the Western Massachusetts Health Planning Council, Inc., dealing with publicity of hospitals was read.

7. The letter that Dr. Asinas wrote to all hospitals in Hampden District was read; it dealt with Physician/Hospital Public Relations.

8. Dr. Eugene Boss, Jr., wrote indicating that the Executive Committee of the Hampden County Bar Association has accepted the principle and concept of an arbitration board to hear malpractice cases. The Executive Committee next decided that this arbitration plan should be reviewed by an attorney before complete acceptance. It will be sent to the office of the General Counsel of the AMA.

9. Dr. Wanzer wrote expressing interest in the arbitration plan.

10. Dr. Bloom, Scholarship Committee Chairman, asked if the Scholarship assessment could be included as part of the dues bill. Those who failed

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to pay their assessment from last year will be so notified and the by-laws quoted. The wording on the dues bill this year will say "dues and assessment."

11. Dr. Kelly, Chairman of the Blue Shield Committee wrote a report to the Executive Committee in answer to questions relating to Blue Shield. It was suggested by Dr. Stevens that this be sent to Mr. Curtis Brown, Executive Director of Blue Shield. Perhaps an answer could be developed for the BlueShield Fee Committee.

12. Dr. DiGiacomo expressed thanks for the editorial correction in the Hampden Hippocrat.

New Business

INTRAV, travel agents have suggested that the Hampden District Medical Society have a trip to Sweden, Finland, and Denmark in July. The committee approved this.

A letter written by Dr. Ayres to Mr. Bertonazzi, Chairman of the Subcommittee on Social Welfare was read. This relates to House bill number 6120. Dr. Stevens, Secretary, will write a letter from the medical society expressing its concern.

The meeting was adjourned at 9:40 P. M.

Walton E. Stevens, M. D.
Secretary

"Principles" adopted by the AMA's House of Delegates on Dec. 5, 1973 meeting in Anaheim, Calif. re PSRO's.

The AMA affirms the following principles:

1. That the medical profession remains firmly committed to the principle of peer review, under professional direction, and

2. That medical society programs of proven effectiveness should not be dismantled by PSRO implementation, and

3. That the Association suggests that each hospital medical staff, working with the local medical society, continue to develop its own peer review, based upon principles of sound medical practice and documentable objective criteria, so as to certify that objective review of quality and utilization does take place; to make these review procedures sufficiently strong as to be unassailable by any outside party or parties; and that the local and state medical societies take all legal steps to resist the intrusion of any third party into the practice of medicine, and

4. That this House of Delegates, as individual physicians and through the Board of Trustees and its Council on Legislation, work to inform the public and legislators as to the potential deleterious effects of this law on the quality, confidentiality and cost of medical care; and the hope that the Congress in their wisdom will respond by either repeal, modification, or interpretation of rules which will protect the public.

The considered opinion of this House of Delegates is that the best interests of the American people, our patients, would be served by the repeal of the present PSRO legislation. It is also believed that this is consistent with our longstanding policy and opposition to this legislation prior to passage.

The Considered opinion of the Board of Trustees and the Council on Medical Service is to recommend to the House of Delegates that the AMA continue to exert its leadership and support constructive amendments to the PSRO law, coupled with continuation of the effort to develop appropriate rules and regulations.

* * *

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Walton Stevens, M. D.
Editor
The Hampden Hippocrat
1414 State St.
Springfield, Mass. 01109
Dear Walt,

I am certainly honored that "The Hampden Hippocrat" saw fit to reproduce my picture from the "A. M. News" and use it on the cover. I must add, however, that I consider the act more flattering than the picture.

To keep the record straight, however, I am no longer a member of the House of Delegates of the AMA as of Dec. 31, 1973. I do continue as an elected member of the Council on Medical Service and am currently vice-chairman of that Council, but Dr. Kenneth Monroe of Amherst is now "our man in the AMA House of Delegates." Although Ken Monroe is from Hampshire County and not Hampden, I have singled him out since he is the only delegate of the five from Mass. who is located west of Route 128.

After 12 years as a delegate from Mass. and about the same number of years as an alternate delegate, I would like to repeat what has been said many times by me and others but, for some reason, hasn't made much impression. Talk to your delegate, write him letters and let him know what you think about the many things that are happening today in American medicine. Don't just complain but offer him constructive suggestions that he and his colleagues can mold into resolutions and be presented to the House as a whole. He will be a better delegate, a better representative, and better able to weigh the evidence if he knows how his constituents feel about issues. Even better, take the time to go to an AMA meeting and speak your piece at a reference committee where every AMA member is welcome and where debate is practically unlimited. (You are a member, aren't you?) In Anaheim, at the clinical meeting, P. S. R. O. was discussed for about four hours at the reference committee and nearly two hours on the floor of the House. It is the weight of evidence that makes decisions and creates policies.

I would like to take this opportunity to thank those who wrote or called me on issues and add that I wish there had been more. I am sure that Ken Monroe will welcome even a deluge of communications—as would any of our delegates.

May I say at this point that Hampden District is indeed fortunate to have such a well edited and informative publication as "The Hippocrat"—even in spite of the cover picture on the February issue.

Sincerely,
Donald R. Hayes, M. D.

Walton E. Stevens, M. D., Editor-in Chief
The Hampden Hippocrat
Hampden District Medical Society
1414 State Street
Springfield, MA 01109
Dear Doctor Stevens:

At its meeting on February 14, 1974, the Cancer Advisory Committee of the Western Massachusetts Health Planning Council discussed specifically a press release which was printed in the Springfield Daily News on February 5, 1974, regarding a procedure being used at Wesson Memorial Hospital for cancer treatment and closing with the statement that Wesson Memorial Hospital is "the regional center for cancer diagnosis, treatment and care in Western Massachusetts."

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It was pointed out that this type of public relations on the part of any one hospital is deleterious to the efforts to create a unified cancer system for the community and is misleading to the public.

The WMHPC has been actively seeking a reporter(s) from the Springfield Newspapers who will study and factually report health oriented problems. Unfortunately, an article following the Cancer Advisory Committee meeting was published on February 20, 1974, by the Daily News which basically contained information released from this office; however, the reporter exercised editorial license and inserted three paragraphs regarding a state Department of Public Health survey which, by implication, was misleading and was upsetting to the WMHPC particularly because we know nothing of the survey, did not report it, and have since found that it was nothing more than a yes-no questionnaire on services offered and in no way indicated or could be construed as a measure of quality of care.

We enlist the efforts of each of the members of the Hampden District Medical Society to encourage factual reporting on their own part and to encourage the hospitals with which they are associated to do the same in order that we may create a truly cooperative and successful health system in the Region.

Sincerely yours,
Omar T. Pace, M. D., President
Western Massachusetts Health
Advisory Council, Inc.
655 Page Boulevard
Springfield, Mass.

* * *

MYLANTA
FRANK BOBBIN

Setrag A. Zacarian, M. D.
Hampden District Medical Society
1414 State Street
Springfield, Mass. 01109

Dear Dr. Zacarian:

I read with great interest the descriptions of the Medical Arbitration plan in the February issue of your bulletin. I think it sounds like an excellent proposal.

Does your district Society plan to have this or a similar proposal studied by the Massachusetts Medical Society? You may already have introduced this, but if not I think it would be a very good thing to do.

I plan to go over this material with our own local society (Middlesex Central) at our next meeting. I wonder also if this is not something that we should have more thoroughly studied by the A. M. A., or perhaps this has already gotten under way. I would appreciate any information you have on the subject of the state and national level. The A. M. A. delegates will be meeting in a few weeks, and it could be discussed in that time. Perhaps Don Hayes already knows all the details.

Thank you very much.

Sincerely yours,
Sidney H. Wanzer, M. D.

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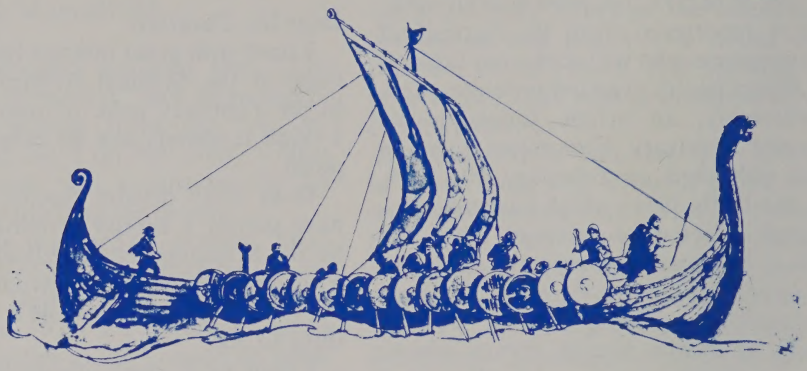

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CONTROL THROUGH REGULATION

Of late there has been an increasing tendency on the part of the Massachusetts Department of Public Health to infringe upon the rights of patients and physicians insofar as the delivery of health care services of appropriate quality and quantity are concerned in a manner and in a place mutually satisfactory to both parties concerned. This infringement has caused grave concern to the Massachusetts Medical Society particularly since the volume and scope of rules and regulations promulgated and proposed for the licensing of hospitals have not only increased but have also extended into the control of the practice of the art and science of medicine.

The Massachusetts Department of Public Health seems to be unalterably committed to the process of regionalizing or systematizing and consolidating all types of health care services. Regionalization is considered as developing a centrally organized and controlled system with regimentation of hospitals, other health care facilities, and providers in a region. Consolidation is considered as the merging of smaller "less efficiently utilized" services, which "typically" are presumed to provide only basic minimum services. Moreover, such consolidation by forming larger units is presumably ipso facto going to provide a more comprehensive range of services in a more efficient and economical way. Even if regionalization and consolidation could improve the quality of health care to a certain degree for *some* patients, one might ask what effect would same have on ready availability, accessibility, and entrance to the system for *all* patients. Moreover, what guarantees are there that large sized units and regimented services can and indeed will provide a broad comprehensive range of high quality services, at a lower cost?

The Massachusetts Department of Public Health seems to manifest grave anxiety over efficient utilization of health facilities, resources, and manpower because of inequities in distribution, duplication, and rising costs. Underutilization of facilities, equipment, and personnel because of low demand and duplication of services is not only a waste of scarce talent but also contributory to the high cost of health care. Who should know better than the Massachusetts Department of Public Health if it would only analyze its own hospital operations? One might also ask: can bureaucrats, through duly delegated or unduly assumed regulatory powers, guarantee the delivery of high quality, readily accessible, readily available, and most cost effective health care services to all the people on the basis of regionalization, regimentation, and consolidation. Moreover, can they do this in keeping with the basic principles of freedom to which this nation and Commonwealth are dedicated?

CASE IN POINT

The Massachusetts Department of Public Health through its authority to license hospitals and the promulgation of rules and regulations resisting thereto, specifically in the instance of comprehensive cancer management, is clearly and unduly interfering with and exercising control over the practice of the art and science of medicine. Moreover, it is misapplying its limited statutory powers in an attempt to mold elements of the health delivery system in our Commonwealth to conform to a preconceived notion of economic efficiency.

Hospital licensure legislation was first enacted in Massachusetts in 1941 with many amendments to the law subsequently. However, the reference to promulgation of regulations, now Section 53 of Chapter 111, has remained unchanged. Moreover, it states simply that the Department of Public Health shall, after a hearing, promulgate rules and regulations for the conduct of hospitals. It was never intended that the Department of Public Health should negotiate the practice of medicine by the enactment of the hospital licensure law.

It is quite apparent that the Department of Public Health is attempting to become involved to an increasing extent in the practice of medicine as is evidenced by the recent draft of "Proposed Rules and Regulations for Comprehensive Cancer Management in Hospitals." In the introduction to the latter, the Department of Public Health attempts to rationalize the issue and imply reassurance as to the non-interference, but then in the body of the said rules and regulations it contradicts itself with specific directives.

There are several references in the proposed legislation to board certification or board eligibility of certain members of the Medical Staffs of hospitals such as the Radiologist, the Gynecologist Oncologist, the Medical Oncologist, the Pediatric Oncologist, the Radiation Oncologist and the Surgical Oncologist.

There is no authority under Chapter 111, Section 51-56 for the Department of Public Health to establish qualifications as mentioned above for medical personnel.

A review of a sample of licensure laws as well as rules and regulations pertaining thereto, particularly those of the larger and more populous states was carried out recently by the Massachusetts Medical Society. It was found that the Massachusetts licensure law is very similar to those in these other states. In no instance has board certification or eligibility therefore been established by the licensing authority regulation as a prerequisite for medical staff eligibility in a hospital.

Section 53 of Chapter 111 states that "such rules and regulations shall include requirements for diagnostic and therapeutic facilities for the study, diagnosis, treatment and care of patients, and the keeping of proper medical records." Here again there is evidence that supervision of patient care per se was definitely excluded. The same pattern is noted in regulations of other states. Nowhere is medical practice encompassed by regulations adopted under a hospital licensure law.

A section of the proposed regulation states that after October 1, 1975 every hospital as a requirement for licensure shall have a written plan describing the ways in which it shall make available Comprehensive Cancer Management within a Cancer Care System.

Other sections state that there be formal agreements among hospitals with copies to the Department of Public Health for a cancer management plan.

Another section calls for a Cancer Data System which is defined as a data gathering and processing system where information is kept on all in-patients and out-patients with cancer.

Here again there is no authority anywhere under Chapter 111, Section 51-56, of the General Laws for the establishment of such regulations.

WAY OFF BASE

There is no statutory basis whatever for a section of the proposed rules and regulations setting forth the establishment of a Cancer Management Group, its responsibilities, its functions, and its policy making authority. Not only is there no statutory basis therefor, but there also is the possibility of subjecting each participating hospital to hazards of anti-trust law violations and civil liabilities resulting from actions of the Group, over which no one hospital in the consortium would have any control. Indeed, each participating individual member of the proposed Cancer Management Group may be subjecting himself to civil liabilities and to becoming involved in malpractice litigations, particularly, since there are no safeguards relative to subpoena or discovery proceedings in any civil action.

This same section also can and would be in conflict with the PSRO section PL 92-603 which is intended to improve management of all diseases and not just one.

Other sections of the proposed rules and regulations also have no authority for promulgation in Sections 51-56 of Chapter 111 of the General Laws. There are no provisions in the rules and regulations as to the responsibility for the establishment and operation of a Cancer Data System. There is no statutory authority for mandating the transmissal of patient-physician confidential information to a data bank. Even with blanket patient authorization for such transmissal there are no provisions offering security and due-process guarantees to both the patient and the physician. Such guarantees of confidentiality must include "security, accuracy, provision for change, knowledge of purpose, and informed permission for use."

One might ask why these rules and regulations are being proposed for promulgation? Have our hospitals and practitioners been remiss in managing patients with cancer? There is no body of evidence to substantiate such a charge! Quite to the contrary, the record for cancer management in our Commonwealth is outstanding.

Is there a special need for this kind of regulation in Massachusetts as compared with other locales? If so, what evidence does the Massachusetts Department of Public Health have in regard thereto?

Will these proposed rules and regulations with their various bureaucratic demands, interventions, and controls lead to lower costs of medical care? Administrative costs will certainly increase tremendously in accordance with Parkinson's Laws.

UP TO US

We acknowledge the interest of the Massachusetts Department of Public Health in improving cancer management even as we share the same concerns. However, it must be emphasized that the ultimate responsibility for hospital management rests with the governing bodies of hospitals and the practice of the art and science of medicine with physicians and not the Massachusetts Department of Public Health. Hospitals and physicians bear the ultimate responsibilities and liabilities for their respective actions.

It is a basic element of administrative practice that the public health agencies operate within the framework of the laws duly framed for such agencies' operations. Personnel are employed to develop only those programs as are authorized by the statutes. Programs can not be devised and implemented at the whim and fancy of departmental personnel.

For the reasons outlined in the aforesaid and in keeping with its role of leadership in the provision of the best medical care attainable to the citizens of the Commonwealth within the boundaries of available resources, realistically attainable expectations, and optimal cost effectiveness, the Council of the Massachusetts Medical Society on February 13, 1974, adopted the following resolution:

"Resolved: That the Society request that the Department of Public Health refrain from issuing the proposed Regulation for Cancer Management and if the Department does not refrain from issuing said regulations, the Massachusetts Medical Society intends to seek court action to challenge the legal propriety of the Department adopting and implementing said regulations."

As a result of the outcry from physicians, hospitals, and others, the Commissioner of Public Health has seen fit to withdraw this particular draft of rules and regulations from consideration pending further review and revisal after consultation with all parties concerned. A skirmish has been won, but the war has only begun! This one minor probe under the cloak of a seemingly laudable endeavor to improve cancer care is only a foreshadowing of the imbroglios to come as various individuals and groups jockey to assume a dominant role in restructuring, regulating, and controlling health care services in our Commonwealth and country. Let's join hands, and do it ourselves!

J. C. Ayres, M. D.

A Matter of Rules

Part 3: Involvement

The complexities introduced in the previous article dictate a change of pace and an explanation of how an individual physician may use these rules of assembly to effect changes in his medical society.

Let's assume that you have encountered a problem in your own practice or developed a concept which would benefit other physicians or want the medical society to take some action on a specific subject. What can you, as an individual physician, do about it? Well, it seems to me that several courses are open. You could complain to your colleagues, write a letter to the district executive committee which might act or refer it to the proper local committee, or you could feel powerless and remain silent. There is another course open, which can be the most effective. You can bring the matter before the society and attempt to persuade the assembly to take a unified course of action.

Now you are ready to participate more fully in your society's activities. There is an old adage that every action begins with an individual thought. First, you must take this thought and develop it into a concept which can be presented in an intelligent form. It is important to research the subject at hand to find out what, if anything, has already been done by the society or what is under consideration. The best references are found in the summary and proceedings of the Council meetings published by the Massachusetts Medical Society and sent to each member. If you have kept your back copies, you'll find them indexed and very enlightening. The district office has issues going back many years. The district councilors can help in this phase of preparation, which may also bring you into contact with peripheral matters that might have a bearing on your subject.

Following some research on the matter, you are now prepared to frame a motion for consideration. Usually this is done as a resolution which, as described in my previous article, is a motion introduced by a preamble to explain the purpose of the motion. Examples are easily obtained by referring to the "proceedings" mentioned above. Now that your resolution is written, you have to decide whether or not to present it to your district society or to go directly to the Council. As a general rule, it is best to submit it to the secretary of the district society with the request that it be brought up under new business at the next regular meeting. The secretary will then place it on the agenda under "new business." Plan to attend and present the motion yourself. Then be prepared to discuss it. If the assembly decides that the matter requires more study before taking action, a motion to refer to committee will probably be made and this requires a simple majority. Otherwise, the matter will be debated and voted "aye" or "nay." Usually the only hazard an opponent of your motion may introduce is a motion to table (actually, "to lay on the table"). This requires a two-thirds vote and ends further discussion. You can move to remove it from the table at the same meeting or at a subsequent meeting, but this strategy is usually for the purpose of referring the motion to committee.

Amendments to your motion may be made from the floor by either proponents or opponents. Should your motion be improperly stated, amendments are important to give it the correct wording, as well as to clarify the intent of the motion. Unlike motions made in Congress, motions at medical society meetings are not usually made to cripple and thereby defeat the motion. As stated in the previous article, these amendments are voted on individually. If you particularly like a specific amendment, you can, as the originator of the motion, simply accept it without a vote.

Let's assume that your motion has made it through the parliamentary maze; does anything really change? Frequently not, for the simple reason that you did not include in your motion just what specific action you wished the society to take. Therefore, may I suggest that, as soon as the motion is passed, you get on your feet and make another motion to bring this matter before the Council or for the officers to take such and such action. You can, of course, include these directives in the body of your original motion. If you direct that it be put before the Council, your motion once passed at the district level becomes a motion from the district society and, therefore, carries more impact. It is then the duty of your executive councilor to support it at the State executive committee meeting and the duty of the district councilors to support it at the Council meeting, where it will again be subject to various subsidiary and incidental motions, as well as amendments. Generally, the motion will be referred to a proper committee for study. Thus, it is up to you to follow the progress of your original action to ascertain the final outcome and to prevent any attempt, intentional or not, to bury it in committee.

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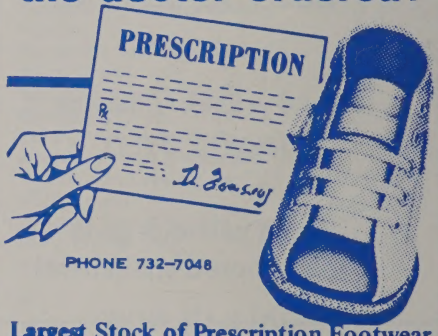

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